

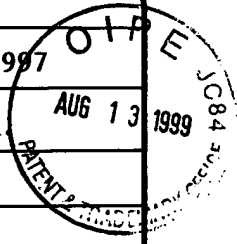
GP 1733

Please type a plus sign (+) inside this box → ☐

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	08/916,629
	Filing Date	August 22, 1997
	First Named Inventor	Cobbley et al
	Group Art Unit	1733
	Examiner Name	MITCHELL, S.
Total Number of Pages in This Submission		Attorney Docket Number 97-0098



ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <div style="border: 1px solid black; padding: 5px;"> <b>Patent application fee determination record; a return receipt postcard</b> </div>
Remarks: <b>This Amendment being filed is in response to the Office Action dated May 10, 1999 having a statutory period for response set to expire on August 10, 1999.</b>		

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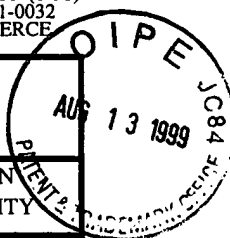
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stephen A. Gratton THE LAW OFFICE OF STEPHEN A. GRATTON
Signature	
Date	August 9, 1999

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 08/09/99			
Typed or printed name	Stephen A. Gratton		
Signature		Date	August 9, 1999

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# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number  
**08/916,629 97-0098**



## CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	<b>39</b> minus 20 = *	<b>19</b>
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<b>10</b> minus 3 = *	<b>7</b>
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

## SMALL ENTITY

## OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
	\$ ____	OR		\$ <b>770</b>
x \$ ____ =		OR	x \$ <b>22</b> =	<b>418</b>
x ____ =		OR	x <b>80</b> =	<b>560</b>
+ ____ =		OR	+ ____ =	
TOTAL		OR	TOTAL	<b>1748</b>

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* <b>27</b>	Minus ** <b>39</b>	= <b>0</b>
Independent (37 CFR 1.16(b))	* <b>6</b>	Minus *** <b>10</b>	= <b>0</b>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

## SMALL ENTITY

## OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$ ____ =		OR	x \$ ____ =	<b>0</b>
x ____ =		OR	x ____ =	<b>0</b>
+ ____ =		OR	+ ____ =	
TOTAL		OR	TOTAL	<b>0</b>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

## SMALL ENTITY

## OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$ ____ =		OR	x \$ ____ =	
x ____ =		OR	x ____ =	
+ ____ =		OR	+ ____ =	
TOTAL		OR	TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

## SMALL ENTITY

## OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$ ____ =		OR	x \$ ____ =	
x ____ =		OR	x ____ =	
+ ____ =		OR	+ ____ =	
TOTAL		OR	TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for

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